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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|--|--|------------------------|---------------------------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket Number | CPMC-01000US1 |
| | | Inventor | Nancy M. Lee et al. |
| | | Title | Biomarker Panel for Colorectal Cancer |
| | | Express Mail Label No. | EV 326 482 011 US |

22388 U.S. PTO
10/690880

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|--|--|---|--|
| APPLICATION ELEMENTS See MPEP Chapter 600 concerning Utility Patent Application Contents | | ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450 | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (in duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <u>24</u> (preferred arrangement set forth below) <ul style="list-style-type: none"> <input type="checkbox"/> Descriptive Title of the invention <input type="checkbox"/> Cross Reference to Related Applications <input type="checkbox"/> Statement Regarding Fed Sponsored R & D <input type="checkbox"/> Reference to Sequence Listing, a table or computer program listing Appendix <input type="checkbox"/> Background of the Invention <input type="checkbox"/> Brief Summary of the Invention <input type="checkbox"/> Brief Description of the Drawing(s) (if filed) <input type="checkbox"/> Detailed Description <input type="checkbox"/> Claim(s) <u>95</u> <input type="checkbox"/> Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) Total Sheets <u>6</u></p> <p>5. <input type="checkbox"/> Oath or Declaration Total Pages <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly Executed b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 <u>4</u> Total Pages</p> | | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer program (Appendix)</p> <p>8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) <u>1</u> diskette b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper <u>93</u> pages c. <input checked="" type="checkbox"/> Statements verifying identity of above </p> | |
| ACCOMPANYING APPLICATION PARTS | | | |
| <p>9. <input type="checkbox"/> Assignment Papers (Cover Sheet & Document(s)) <u> </u> Total Pages</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS) ((IDS)/PTO-1449) <u> </u> Total Pages <u> </u> Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <u> </u> Total Pages</p> <p>14. <input checked="" type="checkbox"/> Return Postcard, specifically itemized (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other</p> | | | |

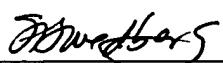
18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No:

Prior application information: Examiner: Group/Art Unit:

For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | | | |
|---|---|---|-----------------------------------|----------|------------------|
| <input checked="" type="checkbox"/> Customer Number 23910 | or | <input type="checkbox"/> Correspondence Address below | | | |
| NAME | Fliesler Dubb Meyer & Lovejoy LLP | | | | |
| ADDRESS | Four Embarcadero Center, Fourth Floor | | | | |
| CITY | San Francisco | STATE | CA | ZIP CODE | 94111 |
| COUNTRY | USA | TELEPHONE | 415/362-3800 | FAX | 415/362-2928 |
| Name (Print/Type) | Sally A. Swedberg | | Registration No. (Attorney/Agent) | | 53,659 |
| Signature |  | | | Date | October 22, 2003 |

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PTO/SB/17 (10/02) (modified)

Approved for use through 04/30/2003, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

2003

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 1,361.00)**

Complete if Known

| | |
|------------------------|---------------------|
| Application Number | New Application |
| Filing Date | October 22, 2003 |
| Inventor | Nancy M. Lee et al. |
| Group Art Unit | New Application |
| Examiner Name | New Application |
| Attorney Docket Number | CPMC-01000US1 |

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to:

Charge the indicated fees to the below mentioned deposit account.

Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]

Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325
Deposit Account Name: Fliesler Dubb Meyer & Lovejoy2. Payment Enclosed:
[] Check [] Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due |
|------------------------------|------------------------------|-----------------------|------------|
| 1001/\$770 | 2001/\$385 | Utility Filing | 385 |
| 1002/\$330 | 2002/\$165 | Design Filing | |
| 1004/\$750 | 2004/\$375 | Reissue | |
| 1005/\$160 | 2005/\$80 | Provisional Filing | |
| SUBTOTAL (1) | | (\$ 385) | |

3. ADDITIONAL FEES

| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due |
|------------------------------|------------------------------|--|---------|
| 1051/\$130 | 2051/\$65 | Surcharge - late filing fee or oath | |
| 1052/\$50 | 2052/\$25 | Surcharge-late provisional filing fee or cover sheet | |
| 1812/\$2,520 | 1812/\$2,520 | For filing a request for reexamination | |
| 1251/\$110 | 2251/\$55 | Extension for response within first month [†] | |
| 1252/\$420 | 2252/\$210 | Extension for response within second month [†] | |
| 1253/\$950 | 2253/\$475 | Extension for response within third month [†] | |
| 1254/\$1,480 | 2254/\$740 | Extension for response within fourth month [†] | |
| 1255/\$1,970 | 2255/\$985 | Extension for response within fifth month [†] | |
| 1401/\$320 | 2401/\$160 | Notice of Appeal | |
| 1453/\$1,300 | 2453/\$650 | Petition to revive unintentionally abandoned application | |
| 1501/\$1,330 | 2501/\$665 | Utility Issue Fee (Or Reissue) | |
| 1502/\$470 | 2502/\$235 | Design Issue Fee | |
| 1460/\$130 | 1460/\$130 | Petitions to the Commissioner | |
| 1814/\$110 | 2814/\$55 | Statutory Disclaimer | |
| 1806/\$180 | 1806/\$180 | Submission of Information Disclosure Statement | |
| 8021/\$40 | 8021/\$40 | Recording each patent assignment per property (times number of properties) | |
| 1809/\$750 | 2809/\$375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1801/\$770 | 2801/\$385 | Request for Continued Examination (RCE) | |
| Other fee (specify): | | | |
| Other fee (specify): | | | |
| SUBTOTAL (3) | | (\$ 0) | |

2. CLAIMS

| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description |
|------------------------------|------------------------------|---|
| 1202/\$18 | 2202/\$9 | Claims in excess of 20 |
| 1201/\$86 | 2201/\$43 | Independent claims in excess of 3 |
| 1203/\$280 | 2203/\$140 | Multiple dependent claim |
| 1204/\$86 | 2204/\$43 | Reissue independent claims over original patent |
| 1205/\$18 | 2205/\$9 | Reissue claims in excess of 20 and over original patent |

| For | No. of Existing Claims | (Col. 1) | | (Col. 2) | | (Col. 3) | | Fee Due |
|---|------------------------|----------|-------|----------|------|----------|---------|---------|
| | | minus* | 20 or | minus* | 3 or | = | Extra** | |
| TOTAL | 95 | | | | | = | 75 | x 9 |
| INDEP | 10 | | | | | = | 7 | x 43 |
| [<input type="checkbox"/>] First presentation of multiple dependent claim | | | | | | | | |

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$ 976)**

SUBMITTED BY

| | | |
|-----------------------|-------------------|--------------------------|
| Typed or Printed Name | Sally A. Swedberg | Complete (if applicable) |
| Reg. Number | 53,659 | |
| Date | October 22, 2003 | |

Signature

